EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. JUL 1, 2019 and ending JUN 30, 2020 A For the 2019 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change ROTARY INTERNATIONAL Name Ichange 36-1707667 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final returr (847) 866-3000 1560 SHERMAN AVENUE 144,445,371. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended EVANSTON, IL 60201-3698 H(a) Is this a group return Applica-F Name and address of principal officer: JULIE BURKE _Yes ^X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Yes X 501(c) (Tax-exempt status: 501(c)(3) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.ROTARY.ORG **H(c)** Group exemption number ▶ 0573 **K** Form of organization: X Corporation Trust Association Other > L Year of formation: 1911 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: ROTARIANS PROMOTE INTEGRITY, Governance GOOD WILL AND PEACE THROUGH FELLOWSHIP OF BUSINESS PROFESSIONALS. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 **Activities &** 362 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1174890 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 370,607. 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 39 7h **Prior Year Current Year** 80,521,450, 82,164,041. Contributions and grants (Part VIII, line 1h) Revenue 19,788,943, 6,292,504. 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 387.870. 3,508,697. 10 5,166,843. 2,918,021. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 105,865,106. 94,883,263. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 265,658. 2,433,562. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 40 472 286 42 559 591. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,322,681. 46,299,067. 17 102,060,625. 91,292,220. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,804,481. 3,591,043. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 181,478,013. 181,437,265. Total assets (Part X, line 16) 20 35,618,727. 31,677,359. Total liabilities (Part X, line 26) 145,859,286. 149,759,906. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 5/7/2021 Signature of officer Sign JULIE BURKE, CFO Here Type or print name and title Date 5/3/2021 PTIN Print/Type preparer's name Preparer's signature Kolakaluri anna ANNA KOLAKALURI P01275237 Paid Firm's name DELOITTE TAX LLP 86-1065772 Preparer Firm's EIN ▶ Firm's address > 50 SOUTH SIXTH STREET, SUITE 2800 Use Only MINNEAPOLIS, MN 55402 Phone no. (612) 397 4000

No

Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Autom	atic 6-Month Extension of Time. Only su	ıbmit origin	al (no copies needed).			
All corpo	rations required to file an income tax return other tha	ın Form 990-T	(including 1120-C filers), partners	ships, REMICs	s, and trusts	
must use	Form 7004 to request an extension of time to file inc	come tax retur	ns.			
Type or	Name of exempt organization or other filer, see in	structions.		Taxpayer	identification nu	ımber (TIN)
print						
File by the	ROTARY INTERNATIONAL				36-170766	7
due date for filing your return. See	Number, street, and room or suite no. If a P.O. bo			1		
instructions.	City, town or post office, state, and ZIP code. For EVANSTON, IL 60201-3698	a foreign add	ress, see instructions.	?		
Enter the	Return Code for the return that this application is for	r (file a separa	te application for each return)			0 1
Applicat	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	Form 4720 (individual) 03 Form 4720 (other than individual) 0					
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
	DORIS YUXUE XIE	TOTAL TI	.0.201			
	poks are in the care of ► 1560 SHERMAN - EVAN	NSTON, IL 6				
	none No. > 847 866 3000	1 2	Fax No.			. —
	organization does not have an office or place of busin					P
	is for a Group Return, enter the organization's four d				-	
box 🕨	. If it is for part of the group, check this box	and atta	ich a list with the names and TIN	s of all member	ers the extension	is for.
1 re	quest an automatic 6-month extension of time until	MAY 1	7, 2021 , to	o file the exem	npt organization	return for
the	organization named above. The extension is for the	organization's	return for:			
>	calendar year or					
	X tax year beginning JUL 1, 2019					
>	tax year beginning	, ar	d ending JUN 30, 2020		<u> </u>	
2	X			Einal ratur		
2 If t	ne tax year entered in line 1 is for less than 12 month			Final retur	· n	
2 If ti	X			Final retur	· n	
	ne tax year entered in line 1 is for less than 12 month	s, check reaso	on: Initial return	Final retur	· n	
3a If the any	ne tax year entered in line 1 is for less than 12 month. Change in accounting period nis application is for Forms 990-BL, 990-PF, 990-T, 4377 nonrefundable credits. See instructions.	rs, check reasons, ch	on: Initial return enter the tentative tax, less	Final retur	n \$	0.
3a If the any b If the	ne tax year entered in line 1 is for less than 12 month. Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 47, 47, 47, 47, 47, 47, 47, 47, 47, 47	720, or 6069, on 6069, enter any	enter the tentative tax, less	3a	\$	
3a If the <u>any</u> b If the <u>est</u>	ne tax year entered in line 1 is for less than 12 month. Change in accounting period nis application is for Forms 990-BL, 990-PF, 990-T, 477 nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or 6 imated tax payments made. Include any prior year or	720, or 6069, on 6069, enter any	enter the tentative tax, less refundable credits and owed as a credit.			0.
3a If the any b If the est c Ba	ne tax year entered in line 1 is for less than 12 month. Change in accounting period is application is for Forms 990-BL, 990-PF, 990-T, 47, 47, 47, 47, 47, 47, 47, 47, 47, 47	720, or 6069, or 6069, enter any verpayment all repayment with the second control of the	enter the tentative tax, less refundable credits and owed as a credit. h this form, if required, by	3a	\$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

	1990 (2019) ROTARY INTERNATIONAL	36-170	7667	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			Х
1	Briefly describe the organization's mission:			···
	ROTARY INTERNATIONAL PROVIDES SERVICE TO OTHERS, PROMOTES INTEGRITY,			
	AND ADVANCES WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH OUR			
	FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS.			
	· · · · · · · · · · · · · · · · · · ·			
2	Did the organization undertake any significant program services during the year which were not listed on	the		
_			Ves	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		163	INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Ves	X No
3		vices?	1es	L. INO
4	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service.			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to otners, the total	expenses, a	าต
_	revenue, if any, for each program service reported.	· · · · · · · · · · · · · · · · · · ·		
4a) (Revenue \$)
	DISTRICT GOVERNORS - THE DISTRICT GOVERNOR IS THE OFFICER OF ROTARY	1		
	INTERNATIONAL (RI) FOR EACH GROUPING OF CLUBS THAT FORM A DISTRICT.			
	THE DISTRICT GOVERNOR PROVIDES LEADERSHIP AND ASSISTANCE TO CLUBS)		
	WITHIN THE DISTRICT. IN ADDITION, THE GOVERNOR ENSURES CONTINUITY IN	<u> </u>		
	ALL PROGRAMS AND RELATED OPERATIONS WITHIN THE DISTRICT AND ACTS AS A			
	LIAISON BETWEEN RI AND THE DISTRICT. IN FY20 RI HAD 525 DISTRICT			
	GOVERNORS.			
4b	(Code:) (Expenses \$ 5 , 457 , 163. including grants of \$) (Revenue \$	16	9,540.
	INTERNATIONAL ASSEMBLY - THE INTERNATIONAL ASSEMBLY IS AN ANNUAL			
	TRAINING MEETING OF RI DESIGNED TO INSPIRE AND MOTIVATE ROTARY OFFICERS			
	AND LEADERS FOR THE INCOMING ROTARY YEAR. THE TRAINING ALLOWS INCOMING			
	LEADERS TO INTERPRET AND IMPLEMENT THE PRESIDENT-ELECT'S PRIORITIES AND			
	INITIATIVES, AND ALSO PROVIDES AN OPPORTUNITY TO DISCUSS AND PLAN THEIR			
	ACTIVITIES DURING THE YEAR. THE INTERNATIONAL ASSEMBLY IS HELD ONCE A			
	YEAR EVERY JANUARY, IN SAN DIEGO, CA.			
4c	(Code:) (Expenses \$ 959 , 806including grants of \$) (Revenue \$	2	4,910.
-10	INTERNATIONAL CONVENTION - THE INTERNATIONAL CONVENTION IS THE ANNUAL) (Nevenue w		
	BUSINESS MEETING OF RI AND IS DESIGNED TO INSPIRE AND INFORM ROTARIANS			
	AT AN INTERNATIONAL LEVEL WHILE ADVANCING THE STRATEGIC GOALS OF RI AND			
	ITS FOUNDATION. THE CONVENTION IS HELD IN DIFFERENT LOCATIOINS EACH			
	YEAR, BOTH DOMESTIC AND INTERNATIONAL. IN 2020, THE CONVENTION WAS TO			
	BE HELD IN HONOLULU, HAWAII, BUT WAS HELD VIRTUALLY DUE TO THE			
	<u> </u>			
	PANDEMIC.			
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ 48,947,957. including grants of \$ 2,433,562.) (Revenue \$	6,098,0	54.)	
4e	Total program service expenses ► 64,295,362.			
			_	

36-1707667

Form 990 (2019) ROTARY INTERNATIONAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2019) ROTARY INTERNATIONAL
Part IV Checklist of Required Schedules (continued) ROTARY INTERNATIONAL 36-1707667 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 214	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	Щ_

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Form 990 (2019) ROTARY INTERNATIONAL Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- .		
	to file Form 8282?	7с		
	, , , , , , , , , , , , , , , , , , , ,	7.		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4 -		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		^
	If "Yes," complete Form 4720, Schedule O.			

ROTARY INTERNATIONAL Form 990 (2019) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 19 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c Х Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	SEE	SCHEDULE C
----	--	-----	------------

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X	Own website	Another's website	X Upon request	Other (explain on Schedule	(
---	-------------	-------------------	----------------	----------------------------	---

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

	oration to the paste daming the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶
	DORIS YUXUE XIE - 8478663000	

Form **990** (2019)

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Form 990 (2019) ROTARY INTERNATIONAL 36-1707667 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Х

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	Jiga	IIIZA		C)	ірсі	isatt	(D)	(E)	(F)
Name and title	Average		not c	Posi heck i	ition more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	96			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	dual tr	utio na	_	Key employee	st con	-			organizations
	line)	Indivi	Institı	Officer	Key e	Highe emplo	Former			
(1) MARK DANIEL MALONEY	40.00									
PRESIDENT	0.00	Х		Х		4		119,239.	0.	14,789.
(2) HOLGER KNAACK	40.00					C				
PRESIDENT ELECT (BEG. 7/1/19)	0.00	Х		Х		\-		13,414.	0.	0.
(3) HAKEEM OLAYINKA BABALOLO	20.00					7				
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(4) DAVID STOVALL	20.00		J							
TREASURER	0.00	Х		Х				0.	0.	0.
(5) FRANCESCO AREZZO	20.00									
DIRECTOR	0.00	Х						0.	0.	0.
(6) TONY (JAMES ANTHONY) BLACK	20.00	ł						_	_	_
DIRECTOR (BEG. 7/1/19)	0.00	Х						0.	0.	0.
(7) JEFFRY CADORETTE	20.00									
DIRECTOR	0.00	Х				_		0.	0.	0.
(8) MARIO CESAR MARTINS DE CAMARGO	20.00								_	
DIRECTOR (BEG. 7/1/19)	0.00	Х						0.	0.	0.
(9) LAWRENCE DIMMITT	20.00	х						0.	0.	
DIRECTOR (10) RAFAEL GARCIA III		Λ						0.	٠.	0.
DIRECTOR	20.00	Х						0.	0.	0
(11) JAN LUCAS KET	20.00	^						0.	0.	0.
DIRECTOR (BEG. 7/1/19)	0.00	х						0.	0.	0.
(12) KYUN KIM	20.00							· · ·	· ·	
DIRECTOR (BEG. 7/1/19)	0.00	х						0.	0.	0.
(13) FLOYD LANCIA	20.00								•	
DIRECTOR (BEG. 7/1/19)	0.00	х						0.	0.	0.
(14) AKIRA MIKI	20.00									
DIRECTOR	0.00	х						0.	0.	0.
(15) BHARAT S. PANDYA	20.00								-	
DIRECTOR (BEG. 7/1/19)	0.00	х						0.	0.	0.
(16) KAMAL SANGHVI	20.00									_
DIRECTOR (BEG. 7/1/19)	0.00	х						0.	0.	0.
(17) JOHRITA SOLARI	20.00									
DIRECTOR (BEG. 7/1/19)	0.00	х						0.	0.	0.

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Port VIII									30-170700	7 Page 0
Part VII Section A. Officers, Directors, Trus		loy	ees,			ghes	t C		s (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do		Pos			one	Reportable	Reportable	Estimated
	hours per week			ss per				compensation	compensation	amount of
	(list any				-	17440	loo,	from	from related	other
	hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1000 141100)		and related
	below	idual	ution	<u></u>	Key employee	sst co	er			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(18) STEPHANIE URCHICK	20.00									
DIRECTOR (BEG. 7/1/19)	0.00	Х						0.	0.	0.
(19) PIOTR WYGNANCZUK	20.00									
DIRECTOR	0.00	Х						0.	0.	0.
(20) JOHN HEWKO	24.80									
CHIEF EXECUTIVE OFFICER	15.20			Х				326,643.	200,020.	61,773.
(21) JULIE BURKE	20.40								4	
CHIEF FINANCIAL OFFICER (BEG. 8/5/19	19.60			Х				54,432.	55,950.	9,585.
(22) DAVID ALEXANDER	33.60									
CHIEF COMMUNICATIONS OFFICER	6.40				Х			200,696.	37,148.	54,955.
(23) JAMES BARNES	29.60									
CHIEF PROGRAMS & MEMBER SVS OFFICER	10.40				Х			197,554.	68,458.	55,005.
(24) MICHELE BERG	24.80									
DEPUTY GENERAL SECRETARY	15.20				Х			190,119.	116,420.	55,404.
(25) STEVEN ROUTBURG	26.80							V -'		
GENERAL COUNSEL	13.20				Х	4		155,066.	76,589.	63,034.
(26) THOMAS THORFINNSON	20.00					C				
CHIEF STRATEGY OFFICER	20.00				Х	-		116,900.	116,900.	43,136.
1b Subtotal						.	ightharpoons	1,374,063.	·	
c Total from continuation sheets to Part VI	I, Section A		,		<i>.</i>		ightharpoons	643,256.	· ' '	316,034.
d Total (add lines 1b and 1c)				<u>.)</u>			<u> </u>	2,017,319.	1,795,996.	673,715.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HAMBURG MESSE UND CONGRESS BMBH		
MESSEPLATZ 1, HAMBURG, GERMANY 20357 DEU	CONVENTION VENUE	5,519,711.
THOUGHTWORKS INC		
200 EAST RANDOLPH, CHICAGO, IL 60601	CONSULTING SERVICES	2,864,674.
PELOTON GROUP LLC		
ONE POST OFFICE SQUARE, BOSTON, MA 02109	CONSULTING SERVICES	2,838,570.
TEKSYSTEMS INC		
7437 RACE ROAD, HANOVER, MD 21076	STAFFING	1,852,719.
IACONO PRODUCTION SERVICES INC		
11420 DEERFIELD RD., CINCINNATI, OH 45242	CONVENTION STAGE PRODUCTION	1,441,596.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	70	
·		202

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Form 990 ROTARY INTERN	ATTONAL								36-17076	0 /
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	below	dualt	ution	70	Key employee	est co	er			organization o
	line)	Indiv	Instit	Officer	Key 6	High	Former			
(27) FAIZ HANIF	22.00									
CHIEF INFORMATION OFFICER	18.00				Х			113,551.	90,994.	44,649
(28) ERIC JONES	3.60									
CHIEF INVESTMENT OFFICER	36.40				Х			27,059.	282,186.	56,722
(29) ANDREW MCDONALD	26.80									
DEPUTY GENERAL COUNSEL	13.20					Х		125,507.	61,817.	39,421
(30) KRISTOPHER NEWBAUER	22.00								4	
DIRECTOR OF GLOBAL PEOPLE & TALENT	18.00					Х		109,403.	91,333.	35,308.
(31) VICTOR BARNES	6.00	ł				,,		27, 702	152 061	40 271
DIRECTOR OF PROGRAM & GRANTS (32) JONATHAN SOUTH	34.00 3.60					Х		27,782.	153,061.	40,371
INVESTMENT OFFICER	36.40					x		17,503.	102 520	45 720
(33) MICHAEL PATOCK	3.60					^		17,503.	182,529.	45,730
INVESTMENT OFFICER	36.40					x		17,133.	178,676.	27 3/11
(34) BARRY RASSIN	20.00					Λ		17,133.	170,070.	27,341
PAST PRESIDENT	0.00						Х	123,680.	0.	7,641
(35) LORI CARLSON	20.40						1	123,000.	0.	7,011
CFO (END 6/27/19)	19.60						Х	81,638.	83,915.	18,851
								1 7 7 7 7 7		, ,
			5							
		-								
			_							
			\vdash							
			\vdash			\vdash				
	i									

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Form 990 (2019) ROTARY INTERPRETATION Statement of Revenue

			Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	_	Federated campaigns		00 164 041				
Gra		b	Membership dues		82,164,041.				
ts,			Fundraising events						
igi jar			Related organizations						
ns, Sim			Government grants (contributions						
utio		Ť	All other contributions, gifts, grants, a						
ë ë		_	similar amounts not included above	1f					
no D		g	Noncash contributions included in lines 1a-11	f 1g \$		82,164,041.			
Oa		n	Total. Add lines 1a-1f		Business Code	02,104,041.			
•	2	2 a	MAGAZINE		541800	5,736,462.	5,626,753.	109,709.	
ļice	_	. a b	INFOTECH INCOME		900099	200,460.	200,460.	200,700.	
Ser		C	MEDITAL DEVENUE		900099	169,540.	169,540.		
m S		d	OPEN WORLD LEADERSHIP		900099	161,132.	161,132.	•	
gra		u _	INTERNATIONAL CONVENTI		900099	24,910.	24,910.		
Program Service Revenue		f	All other program service revenue			, -			
		g	Total. Add lines 2a-2f			6,292,504.			
	3		Investment income (including divi	idends. intere	st. and				
			other similar amounts)			3,124,663.			3,124,663.
	4	ļ	Income from investment of tax-exempt bond p						
	5	5	Royalties			1,007,889.			1,007,889.
				(i) Real	(ii) Personal				
	6	a	Gross rents 6a	7,680,723.		7			
		b	Less: rental expenses 6b	5,226,863.		\cup			
		С	Rental income or (loss) 6c 2	2,453,860.					
		d	Net rental income or (loss)			2,453,860.		260,898.	2,192,962.
	7	a		i) Securities	(ii) Other				
			assets other than inventory 7a 34	4,500,834.	9,869,929.				
		b	Less: cost or other basis						
ıne					10,052,642.				
ther Revenue			Gain or (loss) 7c	566,747.	-182,713.				
Be			Net gain or (loss)		>	384,034.			384,034.
her	8	a	Gross income from fundraising events	s (not					
ō			including \$						
			contributions reported on line 1c)	I					
			Part IV, line 18						
			Less: direct expenses						
	^		Net income or (loss) from fundrais		>				
	9	d	Gross income from gaming activity	I					
		h	Part IV, line 19 Less: direct expenses	ا ا					
			Net income or (loss) from gaming						
	10		Gross sales of inventory, less retu						
	10	u	and allowances		403,869.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of			55,353.	55,353.		
			\ value of	,	Business Code				
snc	11	a	INSURANCE - US CLUBS		524298	1,355,350.			1,355,350.
nnec	•	b	SERVICE INCOME		900099	293,190.	293,190.		•
Miscellaneous Revenue		С	CURRENCY EXCHANGE LOSS		900099	-2,267,967.			-2,267,967.
Aisc B		d	All other revenue		900099	20,346.	20,346.		
2		е	Total. Add lines 11a-11d			-599,081.			
	12	2	Total revenue. See instructions		•	94,883,263.	6,551,684.	370,607.	5,796,931.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

00011	on 501(c)(3) and 501(c)(4) organizations must comp. Check if Schedule O contains a response			ipiete column (r.y.	
Do i	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,433,562.	2,433,562.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,805,946.	923,261.	882,685.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	24 242 242			
7	Other salaries and wages	31,245,510.	20,502,676.	10,742,834.	
8	Pension plan accruals and contributions (include	2 504 455	1 706 505	067 070	
_	section 401(k) and 403(b) employer contributions)	2,594,455. 4,364,121.	1,726,585.	867,870.	
9	Other employee benefits		2,725,995.	1,638,126.	
10	Payroll taxes	2,549,559.	1,675,162.	874,397.	
11	Fees for services (nonemployees):	1,462,452.	1,039,423.	423,029.	
	Management	717,695.	5,745.	711,950.	
	Legal	217,382.	29,035.	188,347.	
	Accounting	217,302.	25,033.	100,547.	
	Lobbying Professional fundraising services. See Part IV, line 17)		
f	Investment management fees	356,743.		356,743.	
	Other. (If line 11g amount exceeds 10% of line 25,			, , , , , , , , , , , , , , , , , , , ,	
9	column (A) amount, list line 11g expenses on Sch O.)	3,202,855.	2,396,868.	805,987.	
12	Advertising and promotion	1,461,345.	1,125,236.	336,109.	
13	Office expenses	1,002,666.	768,511.	234,155.	
14	Information technology	7,514,357.	5,295,904.	2,218,453.	
15	Royalties)			
16	Occupancy	3,283,328.	2,321,422.	961,906.	
17	Travel	7,163,248.	5,381,831.	1,781,417.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,306,667.	1,967,942.	338,725.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,391,812.	1,700,220.	691,592.	
23	Insurance	2,520,113.	1,504,709.	1,015,404.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	0.504.654	F F0C 00F	050 465	
a	DISTRICT GOVERNOR	8,584,674.	7,726,207.	858,467.	
b	ROTARIAN MAGAZINE	3,231,950.	2,585,560.	646,390.	
C	EQUIPMENT RENT & MAINT	299,848.	269,442.	30,406.	
d	UBI TAX	260,000.	100 066	260,000.	
	All other expenses Add lines 1 through 24s	321,932.	190,066.	131,866.	0.
25	Total functional expenses. Add lines 1 through 24e	91,292,220.	64,295,362.	26,996,858.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here figure if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIIY 30F 98-2 (A30 938-720)				5 000 (2242)

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,976,780.	1	5,739,294.
	2	Savings and temporary cash investments			20,830,731.	2	16,035,436.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			10,149,511.	4	10,297,001.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
ιχ	7	Notes and loans receivable, net			1,072,369.	7	1,013,209.
Assets	8	Inventories for sale or use			257,182.	8	
As	9	Description of the second state of the second			8,369,078.	9	7,789,764.
	10a	Land, buildings, and equipment: cost or other	\perp		4		
		basis. Complete Part VI of Schedule D	10a	157,857,597.			
	b	Less: accumulated depreciation	10b	105,589,650.	44,682,080.	10c	52,267,947.
	11	Investments - publicly traded securities			78,582,011.	11	75,959,492.
	12	Investments - other securities. See Part IV, line	6,879,087.	12	8,001,211.		
	13	Investments - program-related. See Part IV, line	11		2,219,646.	13	2,419,667.
	14	Intangible assets	/,	14			
	15	Other assets. See Part IV, line 11	1,459,538.	15	1,914,244.		
	16	Total assets. Add lines 1 through 15 (must eq			181,478,013.	16	181,437,265.
	17	Accounts payable and accrued expenses			27,320,650.	17	24,816,416.
	18	Grants payable	Co .		18		
	19	Deferred revenue			8,298,077.	19	6,860,943.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
iabi		controlled entity or family member of any of the	ese perso	ons		22	
_	23	Secured mortgages and notes payable to unre	lated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X			
		of Schedule D			25 642 525	25	24 655 250
	26	Total liabilities. Add lines 17 through 25		·	35,618,727.	26	31,677,359.
S		Organizations that follow FASB ASC 958, ch	eck here	• ▶ \X			
Š		and complete lines 27, 28, 32, and 33.			145 050 006		140 750 006
alar	27	Net assets without donor restrictions			145,859,286.	27	149,759,906.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📖			
Ĕ		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or		T I		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i		F	145 050 000	31	140 750 000
Ž	32	Total net assets or fund balances			145,859,286.	32	149,759,906.
	33	Total liabilities and net assets/fund balances			181,478,013.	33	181,437,265.

Form **990** (2019)

Form 990 (2019) ROTARY INTERNATIONAL 36-1707667 Page **12**

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	94	,883,	263.
2	Total expenses (must equal Part IX, column (A), line 25)	2	91	,292,	220.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,591,	043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	145	,859,	286.
5	Net unrealized gains (losses) on investments	5		-145,	129.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		454,	706.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	149	,759,	906.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
	Ci		Form	990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ROTARY INTERNATIONAL

Employer identification number 36-1707667

Pa	t I Organizations Maintaining Donor Advised	f Funds or Other Similar Funds	or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		·
		(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	d funds	
	are the organization's property, subject to the organization's e	_		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
			ū	Yes No
Pai		anization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically	important land area
	Protection of natural habitat	Preservation of a		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form o	f a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at			
	listed in the National Register		I	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	during the tax
	year >		3	3
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri-			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	•			
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservati	on easemen	ts during the year
	▶ \$			Ç
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio	on easements in its revenue and expense s	tatement an	d
	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement an	d balance sh	neet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fur	therance of	oublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	3.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of pul	olic service,
	provide the following amounts relating to these items:		•	
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
			_	\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-	•	\$
	Assets included in Form 990, Part X			

Sche	dule D (Form 990) 2019 ROTARY INTER						-1707667		age 2
Pai	t III Organizations Maintaining Co	llections of Art, His	torical Tre	easures, o	r Other S	imilar As	sets (cont	inued)	
3	Using the organization's acquisition, accession	, and other records, ched	k any of the	following tha	t make signi	ficant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	am				
b	Scholarly research	е 🗀	Other						
С	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain how	they further th	ne organizatio	on's exempt	purpose in	Part XIII.		
5	During the year, did the organization solicit or r	eceive donations of art, h	nistorical trea	sures, or othe	er similar as	sets			
	to be sold to raise funds rather than to be main	tained as part of the orga	anization's co	llection?			Yes		No
Pai	t IV Escrow and Custodial Arrange	•	ne organizatio	on answered	"Yes" on Fo	rm 990, Par	t IV, line 9, c	r	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodiar	or other intermediary for	contribution	s or other as	sets not incl	uded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	d complete the following	table:						
							Amou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For						. Yes		No
	If "Yes," explain the arrangement in Part XIII. C								
Pai	t V Endowment Funds. Complete if t	he organization answere	d "Yes" on Fo	orm 990, Part	IV, line 10.				
		(a) Current year (b)	Prior year	(c) Two yea	rs back (d)	Three years	back (e) Fo	ur years	s back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships		6						
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses		<u> </u>						
g	End of year balance								
2	Provide the estimated percentage of the currer	nt year end balance (line	1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment	%							
С	Term endowment >%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	ion of the organization th	at are held a	nd administe	red for the o	organization			
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u> </u>
	(ii) Related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organization							<u> </u>	
4	Describe in Part XIII the intended uses of the o		funds.						
Pai	t VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answered	'Yes" on Form 990, Part	IV, line 11a. S	See Form 990	, Part X, line	e 10.			
	Description of property	(a) Cost or other basis (investment)		t or other (other)	l ' ' .	umulated ciation	(d) Bo	ok valı	ıe

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,230,725.		2,230,725.
b Buildings		89,851,949.	63,984,922.	25,867,027.
c Leasehold improvements		401,064.	210,619.	190,445.
d Equipment		65,336,783.	41,375,571.	23,961,212.
e Other		37,076.	18,538.	18,538.
Total. Add lines 1a through 1e. (Column (d) must equa	52,267,947.			

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.	5 000 D 1 N/ I	441.0.5.000.0.17.17.10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) E' 1 1 1 1 1 1	(b) Book value	(c) Mothed of Valuation. Cost of one	a or year market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)		, 0	
(5)		- 4	
(6)		0-2	
(7)			
(8)		\sim	
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		1	
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	.5		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	_	
	n Form 000 Port IV line	11a or 11f Coa Form 000 Dart V line 05	
Complete if the organization answered "Yes" of a Description of liability	n Form 990, Part IV, line	Tie or Tif. See Form 990, Part X, line 25	(b) Book value
······································			(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 000 Port V and (D) line	05.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

36-1707667

Par	t XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5 D 21	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financial S	12.) Statements With Expens	5	
Fai		•	•	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) Add lines 4a and 4b		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			
	t XIII Supplemental Information.	e 10.)		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1b and 2b: Pa	rt V. line 4: Part X. line 2: Part X	T.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		1, 1 a.t., 1110 2, 1 a.t.,	,
		,		
	C. Y			
PART	X, LINE 2:			
ROTA	RY INTERNATIONAL AND THE FOUNDATION HAVE EACH RECEIVED	A FAVORABLE		
DETE	RMINATION LETTER FROM THE INTERNAL REVENUE SERVICE (IR:	S) STATING THAT		
EACH	IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION	ONS OF SECTIONS		
501(C)(4) AND 501(C)(3), RESPECTIVELY, OF THE INTERNAL REV	ENUE CODE OF		
1986	, AS AMENDED, EXCEPT FOR INCOME TAXES PERTAINING TO UNI	RELATED BUSINESS		
INCO	ME.			
DDII	TILEG A GODDODATION INCOME MAN DETUDN. DUT IG NOT TREAT	TED AG AN		
PPH	FILES A CORPORATION INCOME TAX RETURN, BUT IS NOT TREAS	TED AS AN		
TNIGI	DANCE COMPANY FOR FEDERAL THROME HAV DURDOGED AC THE TO	л <i>С</i> ЛРШТУР		
TNSU	RANCE COMPANY FOR FEDERAL INCOME TAX PURPOSES AS IT IS	A CAPTIVE		
TMOT	DANCE COMDANY ACCODDINGLY DEFMITMS (FROM ROMARY) AND	D IOGGEG AND		
TNSO	RANCE COMPANY. ACCORDINGLY, PREMIUMS (FROM ROTARY) ANI	חווא פפפסח ח		

Schedule D (Form 990) 2019 ROTARY INTERNATIONAL	36-1707667	Page 5
Part XIII Supplemental Information (continued)		
INCOME. THERE WAS NO LIABILITY FOR INCOME TAX AS OF 30 JUNE 2020 AND		
INCOME. THERE WAS NO BIABILITY FOR INCOME TAX AS OF 30 JUNE 2020 AND		
2019.		
INFOTECH IS A PRIVATE LIMITED COMPANY REGISTERED IN INDIA AND, AS SUCH, IS		
TAXABLE CORPORATION IN INDIA. UNDER U.S. TAX REGULATIONS, INFOTECH IS		
TREATED AS A FOREIGN PARTNERSHIP AND ALL OPERATIONS ARE INCLUDED IN		
ROTARY'S U.S. TAX FILINGS.		
TAX EFFECTS FROM UNCERTAIN POSITIONS ARE RECOGNIZED IN THE CONSOLIDATED		
FINANCIAL STATEMENTS ONLY IF THE POSITION IS MORE LIKELY THAN NOT TO BE		
SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY.		
MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN POSITIONS THAT		
MINISTER DESCRIPTION THE STREET AND THE MINISTER OF THE STREET OF THE ST		
REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.		
ADDITIONALLY, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE		
ADDITIONABLE, NO INOVISION FOR INCOME TAKES IS REFERENCED IN THE		
CONSOLIDATED FINANCIAL STATEMENTS AND THERE IS NO INTEREST OR PENALTIES		
DECOGNIZED IN MUE CONCOLIDAMED EINANGIAL CMAMEMENING AND MUEDE IC NO		
RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND THERE IS NO		
INTEREST OR PENALTIES RECOGNIZED IN THE CONSOLIDATING STATEMENTS OF		
ACTIVITIES OR CONSOLIDATED STATEMENTS OF FINANCIAL POSITION.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

| 36-1707667 |
| Part I | General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part I\	/, line 14b.				
1	For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
				the selection criteria used to award the		Yes No
	the grantees engionity it	or the grants or c	iooiotarioo, aria	the selection officing asset to award the	grants or assistance:	100100
_	F	alle e lee Desta Vale				atala alea
2	<u> </u>	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
	United States.					
3				an be duplicated if additional space is r		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to		investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
T 3 G						
	r Asia and the					
PAC:	IFIC	3	20	PROGRAM SERVICES	MEMBER SUPPORT	1,117,033.
EUR	OPE (INCLUDING					
ICEI	LAND & GREENLAND)	1	30	PROGRAM SERVICES	MEMBER SUPPORT	4,645,750.
	,					
SOU	TH AMERICA	2	8	PROGRAM SERVICES	MEMBER SUPPORT	393,835.
SOII	TH ASIA	1	19	PROGRAM SERVICES	MEMBER SUPPORT	898,070.
500.	111 710171	<u> </u>	13	TROGRAM BERVICES	ALIMBER BOTTORT	030,070.
			. ()			
SOU	TH ASIA	1	130	PROGRAM SERVICES	IT SUPPORT	2,829,439.
CENT	TRAL AMERICA AND					
	CARIBBEAN	0	0	INVESTMENTS		4,586,092.
11111	CARIDDEAN	-	-	INVESTMENTS		4,300,032.
		_				1
3 a	Subtotal	8	207			14,470,219.
b	Total from continuation					
	sheets to Part I	0	0			0.
c	Totals (add lines 3a					
•	and 3h)	8	207			14 470 219

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
					R	þ		
					60.			
				P				
				5				
			0150					
		PUR						
	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the fi	·				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					7		
				CO.			
				SUP			
			· cC				
		,C					
	Ó	7B/					

Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

PUBLICDISCILO

Schedule F (Form 990) 2019

Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I,	LINE 3
THE AMOU	NTS REPORTED IN SCHEDULE F WERE DETERMINED USING THE ACCRUAL
METHOD O	F ACCOUNTING.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 36-1707667 ROTARY INTERNATIONAL Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN 36-3245072 501(C)(3) AVENUE - EVANSTON, IL 60201-3698 233,562 POLTOPLUS FUND THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201-3698 36-3245072 501(C)(3) 2 200 000 COVID-19 DISASTER RELIEF 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019) ROTARY INTERNATIONAL					36-1707667	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	ı assistance
				2		
			4.			
			SIR			
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:)				
ROTARY INTERNATIONAL ISSUED TWO GRANTS IN FISCAL Y	EAR ENDED 30	JUNE 2020 TO				
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL [501	(C)(3)1 ROTA	.RY				
INTERNATIONAL RELIES ON THE GRANT-MONITORING PROCE						
FOUNDATION OF ROTARY INTERNATIONAL FOR THE POLICEL	US FUND AND C	COVID-19				
DISASTER RELIEF.						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ROTARY INTERNATIONAL

Employer identification number 36-1707667

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	X First-class or charter travel X Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees						
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х				
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х				
3							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee						
	Independent compensation consultant X Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X			
С	Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	- · · · · · · · · · · · · · · · · · · ·						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:			v			
a	The organization?	5a		X			
b	Any related organization?	5b		Х			
_	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:			v			
	The organization?	6a		X			
b	Any related organization?	6b		^			
_	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9	ı	ı			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benents	(5)(1)-(5)	reported as deferred on prior Form 990
(1) JOHN HEWKO	(i)	326,643.	0.	0.	21,583.	16,729.	364,955.	0.
CHIEF EXECUTIVE OFFICER	(ii)	200,020.	0.	0.	13,217.	10,244.	223,481.	0.
(2) DAVID ALEXANDER	(i)	196,972.	0.	3,724.	20,932.	25,440.	247,068.	0.
CHIEF COMMUNICATIONS OFFICER	(ii)	36,459.	0.	689.	3,874.	4,709.	45,731.	0.
(3) JAMES BARNES	(i)	194,012.	0.	3,542.	25,212.	15,637.	238,403.	0.
CHIEF PROGRAMS & MEMBER SVS OFFICER	(ii)	67,231.	0.	1,227.	8,737.	5,419.	82,614.	0.
(4) MICHELE BERG	(i)	190,119.	0.	0.	17,862.	16,500.	224,481.	0.
DEPUTY GENERAL SECRETARY	(ii)	116,420.	0.	0.	10,938.	10,104.	137,462.	0.
(5) STEVEN ROUTBURG	(i)	152,169.	0.	2,897.	22,138.	20,056.	197,260.	0.
GENERAL COUNSEL	(ii)	75,158.	0.	1,431.	10,934.	9,906.	97,429.	0.
(6) THOMAS THORFINNSON	(i)	116,900.	0.	0.	16,572.	4,996.	138,468.	0.
CHIEF STRATEGY OFFICER	(ii)	116,900.	0.	0.	16,572.	4,996.	138,468.	0.
(7) FAIZ HANIF	(i)	113,551.	0.	0.	8,879.	15,914.	138,344.	0.
CHIEF INFORMATION OFFICER	(ii)	90,994.	0.	0.	7,121.	12,735.	110,850.	0.
(8) ERIC JONES	(i)	27,059.	0.	0.	2,500.	2,463.	32,022.	0.
CHIEF INVESTMENT OFFICER	(ii)	282,186.	0.	0.	26,073.	25,686.	333,945.	0.
(9) ANDREW MCDONALD	(i)	123,188.	0.	2,319.	20,208.	6,204.	151,919.	0.
DEPUTY GENERAL COUNSEL	(ii)	60,675.	0.	1,142.	9,953.	3,056.	74,826.	0.
(10) KRISTOPHER NEWBAUER	(i)	107,412.	0.	1,991.	14,084.	5,159.	128,646.	0.
DIRECTOR OF GLOBAL PEOPLE & TALENT	(ii)	89,670.	0.	1,663.	11,758.	4,307.	107,398.	0.
(11) VICTOR BARNES	(i)	27,782.	0.	0.	4,804.	1,398.	33,984.	0.
DIRECTOR OF PROGRAM & GRANTS	(ii)	153,061.	0.	0.	26,469.	7,700.	187,230.	0.
(12) JONATHAN SOUTH	(i)	17,503.	0.	0.	1,591.	2,410.	21,504.	0.
INVESTMENT OFFICER	(ii)	182,529.	0.	0.	16,591.	25,138.	224,258.	0.
(13) MICHAEL PATOCK	(i)	17,133.	0.	0.	2,225.	167.	19,525.	0.
INVESTMENT OFFICER	(ii)	178,676.	0.	0.	23,202.	1,747.	203,625.	0.
(14) BARRY RASSIN	(i)	123,680.	0.	0.	0.	7,641.	131,321.	0.
PAST PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LORI CARLSON	(i)	66,854.	0.	14,784.	8,852.	444.	90,934.	0.
CFO (END 6/27/19)	(ii)	68,719.	0.	15,196.	9,099.	456.	93,470.	0.
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FORM 990, SCHEDULE J. PART I. LINE 1A - FIRST CLASS TRAVEL

UNCOMPENSATED VOLUNTEER LEADERS CONDUCT EXTENSIVE INTERNATIONAL TRAVEL

ON BEHALF OF THE ORGANIZATION. ROTARY INTERNATIONAL PROVIDES

BUSINESS-CLASS AIRFARE FOR THE BOARD OF DIRECTORS AND THE GENERAL

SECRETARY. BUSINESS-CLASS TRAVEL IS AVAILABLE IN MOST MARKETS. BUT IF

IT IS NOT FIRST-CLASS OR ECONOMY AIRFARES ARE SUBSTITUTED. THE

PRESIDENT AND PRESIDENT-ELECT ARE PERMITTED TO USE FIRST-CLASS TRAVEL.

ALTHOUGH THEY MAY CHOOSE BUSINESS-CLASS OR ECONOMY.

FORM 990. SCHEDULE J. PART I LINE 1A - HOUSING ALLOWANCE OR RESIDENCE FOR PE

FOR EFFICIENCY, RESIDENCES NEAR RI HEADQUARTERS ARE PROVIDED FOR THE

ROTARY INTERNATIONAL PRESIDENT AND PRESIDENT-ELECT. PERSONAL USE OF

THE RESIDENCES IS REPORTED AS TAXABLE INCOME TO THE RECIPIENTS. IN

ADDITION RI REIMBURSES THE PRESIDENT AND PRESIDENT-ELECT FOR CERTAIN

COSTS ASSOCIATED WITH MAINTAINING THEIR PERSONAL RESIDENCES WHILE THEY

ARE TRAVELLING ON BEHALF OF THE ASSOCIATION. THESE EXPENSE

REIMBURSEMENTS ARE TAXABLE TO THE RECIPIENT.

FORM 990. SCHEDULE J. PART 1. LINE 1A - TRAVEL FOR COMPANIONS

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

ROTARY INTERNATIONAL PROVIDES FOR SPOUSE TRAVEL IF SPOUSE PARTICIPATION

ASSISTS THE ORGANIZATION IN ACHIEVING ITS MISSION. THE ROTARIAN AND

SPOUSE ARE REQUIRED TO SUBMIT DOCUMENTATION DETAILING THE ACTIVITIES

AND SUPPORTING THE BONA FIDE BUSINESS PURPOSE OF THE TRAVEL.

MANAGEMENT REVIEWS THE DOCUMENTATION DURING THE EXPENSE REIMBURSEMENT

APPROVAL PROCESS.

FORM 990. SCHEDULE J. PART I. LINE 1A - TAX INDEMNIFICATION AND GROSS UP PAY

ROTARY INTERNATIONAL DOES NOT COMPENSATE THE PRESIDENT AND PRESIDENT

ELECT'S SERVICES OTHER THAN THE REIMBURSEMENT OF CERTAIN PERSONAL

EXPENSES RELATED TO THEIR SERVICES (I.E. THE COST TO MAINTAIN THEIR

PERSONAL RESIDENCE, HEALTH INSURANCE, ETC.) AS DEFINED IN THE ROTARY

CODE OF POLICIES. THE EXPENSE REIMBURSEMENTS ARE TAXABLE TO THE

RECIPIENTS. IT IS THE BOARD POLICY TO PAY THE PRESIDENTS FOR THE TAXES

ASSOCIATED WITH THIS INCOME.

FORM 990. SCHEDULE J. PART I. LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIA

FOR THE PRESIDENT AND PRESIDENT-ELECT. EXPENSES RELATED TO MAINTAINING

CLUB MEMBERSHIPS ARE INCLUDED UNDER THE ROTARY CODE OF POLICES FOR

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PERSONAL EXPENSE REIMBURSEMENT. THESE EXPENSE REIMBURSEMENTS ARE

TAXABLE TO THE RECIPIENT.

FORM 990, SCHEDULE J. PART I. LINE 1A - PERSONAL SERVICES

FOR ANY PRESIDENT OF ROTARY INTERNATIONAL. WHO IS NOT A UNITED STATES

CITIZEN. EXPENSES RELATED TO INCOME TAX PREPARATION ARE INCLUDED UNDER

THE ROTARY CODE OF POLICY. THESE EXPENSES ARE TAXABLE TO THE

RECIPIENT.

FORM 990. SCHEDULE J. PART I LINE 1A - HIGHEST COMPENSATED EMPLOYEES

ROTARY INTERNATIONAL HAS A HIGHEST COMPENSATED EMPLOYEE AT ITS OFFICE

IN ZURICH, SWITZERLAND, WHICH IS CURRENTLY UNDISCLOSED DUE TO POTENTIAL

INFRINGEMENT OF LOCAL DATA PRIVACY LAWS. SALARIES FOR STAFF AT THE

INTERNATIONAL OFFICES ARE ESTABLISHED IN THEIR LOCAL CURRENCY AND

TRANSLATED TO US DOLLARS FOR REPORTING PURPOSES RESULTING IN

POTENTIALLY LARGE FLUCTUATIONS IN THE USE DOLLAR REPORTABLE EQUIVALENT

FOR COMPENSATION.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL

Employer identification number 36-1707667

PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAM SERVICES ARE IN PLACE TO COORDINATE AND DIRECT THE ACTIVITIES OF ROTARY INTERNATIONAL AND SUPPORT THE OBJECT OF ROTARY. THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS THESE OTHER PROGRAM SERVICES SUPPORT THE A BASIS OF WORTHY ENTERPRISE. OBJECT OF ROTARY BY HELPING ROTARY CLUBS AND DISTRICTS ACHIEVE THEIR SERVICES GOALS, EXPAND ROTARY MEMBERSHIP, AND PROMOTE THEIR ACTIVITIES TO THE MEDIA AND GENERAL PUBLIC. EXPENSES \$ 48,947,957. INCL GRANTS OF \$ 2,433,562. REVENUE \$ 6,098,054 FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: ARGENTINA, AUSTRALIA, BANGLADESH, BRAZIL CANADA, SRI LANKA, CHILE, COLOMBIA DENMARK, EGYPT, ETHIOPIA, GERMANY INDIA, JAPAN, SOUTH KOREA, NIGERIA NORWAY, NEPAL, PERU, PAKISTAN PHILIPPINES, SOUTH AFRICA, SWEDEN SWITZERLAND UKRAINE, THAILAND, UNITED KINGDOM, VENEZUELA FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF ROTARY INTERNATIONAL CONSISTS OF ROTARY CLUBS ORGANIZED AND OPERATING IN ACCORDANCE WITH THE RI CONSTITUTION AND BYLAWS. FORM 990, PART VI, SECTION A, LINE 7A: THE PROCEDURES FOR THE SELECTION OF ROTARY INTERNATIONAL (RI) OFFICERS ARE STATED IN THE RI BYLAWS. NOMINATING COMMITTEES SELECT NOMINEES FOR THE

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
BOARD OF DIRECTORS, INCLUDING THE PRESIDENT. DIRECTOR NOMINATING	
COMMITTEES IN EACH OF THE 34 WORLDWIDE RI ZONES NOMINATE A DIRECTOR FROM	
THE MEMBERSHIP OF THE CLUBS IN THAT ZONE EVERY FOURTH YEAR ACCORDING TO A	
SCHEDULE ESTABLISHED BY THE RI BOARD. ADDITIONALLY, A 17 MEMBER NOMINATING	
COMMITTEE FOR PRESIDENT NOMINATES A PRESIDENT EACH YEAR (ON A ROTATING	
BASIS EACH ZONE ELECTS A MEMBER OF A CLUB IN THE ZONE TO SERVE ON THE	
NOMINATING COMMITTEE). THERE ARE OPPORTUNITIES FOR CLUBS TO PUT FORWARD	
CANDIDATES TO CHALLENGE THE NOMINATED CANDIDATES. EACH CLUB MAY VOTE IN	
THE ELECTION FOR PRESIDENT AND DIRECTORS , WHICH TAKES PLACE AT THE ANNUAL	
RI CONVENTION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ROTARY INTERNATIONAL'S FORM 990 IS PREPARED BY AN INDEPENDENT CERTIFIED	
PUBLIC ACCOUNTING FIRM. A DRAFT OF THE FORM 990 IS REVIEWED BY THE	
DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL OFFICER. UPON COMPLETION OF	
THE REVIEW PROCESS, THE RETURN IS PROVIDED TO THE BOARD OF DIRECTORS,	
SIGNED BY THE CFO AND FILED WITH THE IRS.	
FORM 990, PART V, LINE 2A	_
NUMBER OF EMPLOYEES ON W-3	
THE NUMBER OF EMPLOYEES REPORTED IS THE TOTAL EMPLOYEE COUNT FROM THE	
FILING ORGANIZATION. WHILE ROTARY INTERNATIONAL IS THE COMMON	
PAYMASTER FOR ROTARY INTERNATIONAL AND THE ROTARY FOUNDATION OF ROTARY	
INTERNATIONAL (TRF), THE NUMBER OF EMPLOYEES DOES NOT INCLUDE THE	
EMPLOYEE COUNT FOR TRF.	
FORM 990, PART V, LINE 6B	
EXPRESS STATEMENT THAT SUCH CONTRIBUTIONS OR GIFTS WERE NOT TAX	

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
DEDUCTIBLE ROTARY INTERNATIONAL DOES NOT DIRECTLY SOLICIT CONTRIBUTIONS	
FROM THE GENERAL PUBLIC. THE MEMBER CLUBS OF ROTARY INTERNATIONAL,	
ALSO SECTION 501(C)(4) ENTITITES, PAID MEMBERSHIP DUES WHICH ARE	
REPORTED ON FORM 990, PART VIII, LINE 18 AS CONTRIBUTION REVENUE. AS	
SUCH, ROTARY INTERNATIONAL DOES NOT DIRECTLY PROVIDE AN EXPRESS	
STATEMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL DIRECTORS MUST DISCLOSE ANY FAMILY OR BUSINESS RELATIONSHIPS WITH OTHER	·
DIRECTORS, TRUSTEES OF THE ROTARY FOUNDATION, KEY EMPLOYEES, OR HIGHEST	
COMPENSATED INDEPENDENT CONTRACTORS OF ROTARY INTERNATIONAL AND THE ROTARY	
FOUNDATION AS IDENTIFIED ANNUALLY BY THE GENERAL SECRETARY. TO COMPLY WITH	
THIS POLICY, DIRECTORS SUBMIT AN ANNUAL POTENTIAL CONFLICT OF INTEREST	
STATEMENT, ON WHICH THEY REPORT ANY PREVIOUSLY UNDISCLOSED POTENTIAL	
CONFLICTS OF INTEREST. THE RI EXECUTIVE COMMITTEE REVIEWS THESE REPORTS	
AND WORKS TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICTS. IF NO RESOLUTION	
IS REACHED, THE COMMITTEE REFERS THE MATTER TO THE BOARD OF DIRECTORS AND	
AN APPROPRIATE ACTION WILL BE TAKEN. A POTENTIAL CONFLICT OF INTEREST IS	
DEEMED TO EXIST IF A MAJORITY OF DIRECTORS VOTING REACH AN AFFIRMATIVE	
DECISION. THE DIRECTOR WITH THE POTENTIAL CONFLICT OF INTEREST SHALL NOT	
BE PRESENT FOR THE VOTE. IN ADDITION, THE OPERATIONS REVIEW COMMITTEE	
MONITORS COMPLIANCE WITH THE CODE OF CONDUCT AND CONFLICT OF INTEREST	
POLICY. KEY EMPLOYEES AND OTHER EMPLOYEES IN A POSITION OF INFLUENCE ARE	
ALSO REQUIRED TO MAKE ANNUAL CONFLICT OF INTEREST DISCLOSURES.	
FORM 000 DADT VI CECTION D I THE 15.	
THE PROCESS FOR DETERMINING COMPENSATION FOR THE GENERAL SECRETARY DEDITY	
THE PROCESS FOR DETERMINING COMPENSATION FOR THE GENERAL SECRETARY, DEPUTY GENERAL SECRETARY AND GENERAL MANAGERS WAS LAST REVIEWED IN FISCAL YEAR	
2020. RI'S GLOBAL PEOPLE & TALENT TEAM COLLECTS DATA ON TOTAL COMPENSATION	

Name of the organization ROTARY INTERNATIONAL	Employer identification number 36-1707667
	30 1707007
(IE BASE SALARY AND BENEFITS) FROM SEVERAL SOURCES, INCLUDING INDEPENDENT	
COMPENSATION CONSULTANTS, SALARY SURVEYS, PROFESSIONAL PUBLICATIONS, AND	
INFORMATION FROM SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. PEOPLE	
& TALENT PROVES A SALARY RANGE FOR THE GENERAL SECRETARY, DEPUTY GENERAL	
SECRETARY, AND GENERAL MANAGERS POSITIONS AND THE OPERATIONS REVIEW	
COMMITTEE (ACTING AS A COMPENSATION ADVISORY COMMITTEE) AND THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS REVIEW SALARY RANGES AND SALARY	
INCREASE PARAMETERS FOR REASONABLENESS. THE GENERAL SECRETARY'S	
COMPENSATION IS BASED ON THE TERMS IN THE GENERAL SECRETARY'S CONTRACT.	
THE GENERAL SECRETARY APPROVES SALARY INCREASES FOR THE EXECUTIVE	
MANAGEMENT TEAM WITHIN THE SALARY RANGES APPROVED BY THE EXECUTIVE	
COMMITTEE OF THE BOARD OF DIRECTORS. THIS PROCESS IS CONTEMPORANEOUSLY	
DOCUMENTED.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
FORM 330, FART VI, BINE I7, BIST OF STATES RECEIVING COFT OF FORM 330:	
AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MN,MS,NC,ND,NH,NJ,PA,RI,SC,TN,UT,VA,WI,WV	
FORM 990, PART VI, SECTION C, LINE 19:	
ROTARY INTERNATIONAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND AUDITED FINANCIAL STATEMENTS TO THE PUBLIC ON THE	
ORGANIZATION'S WEBSITE, WWW.ROTARY.ORG.	
FORM 990, PART VII, LINE 2	
HIGHEST PAID EMPLOYEES	
THE HIGHEST PAID EMPLOYEES ARE DETERMINED BASED ON W-2 AMOUNTS FOR THE	
FILING AND RELATED ORGANIZATION, CONSISTENT WITH PRIOR YEAR.	

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Schedule O (Form 990 or 9	90-EZ) (2019)		Page 2
Name of the organization	ROTARY INTERNATIONAL		Employer identification number 36-1707667
			00 2707007
PPH NET INCOME	454,706.		
		1	
		7	>
		\rightarrow	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ROTARY INTERNATIONAL						36-1707667		
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 33	J.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total inco	(e) me End-of-year	assets Direct	(f) controlling ntity		
			· OX					
		04						
		S						
		0						
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512 controlle	ed ?	
THE ROTARY FDN OF ROTARY INTERNATIONAL -				501(c)(3))		Yes	No	

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

CHARITABLE

CHARITABLE

36-3245072, 1560 SHERMAN AVENUE, EVANSTON

ROTARY INTERNATIONAL HOLDINGS NFP -32-0515763, 1560 SHERMAN AVENUE, EVANSTON Х

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IL 60201-3698

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box	Gener mana partn	Percentage ping ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
ROTARY INTERNATIONAL INFOTECH											
PVT., LTD 98-1050532,											
SUITE NO. 14, LEVEL 3, MUTTHA			ROTARY								
TOWERS, S. NO 103/123/1, DON	IT SUPPORT	INDIA	INTERNATIONAL	RELATED	316,469.	2,974,690.		x	N/A	x	99.99%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) etion (b)(13) rolled tity?
PPH NATIONAL INSURANCE CO - 03-0370108 76 ST. PAUL STREET, SUITE 500		country)	ROTARY	,				Yes	No
BURLINGTON, VT 05041	CAPTIVE INSURANCE			C CORP	454,706.	5,478,566.	100%	x	
	50,								_

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	х	
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ROTARY FDN OF ROTARY INTERNATIONAL	В	2,433,562.	COST
(2) THE ROTARY FDN OF ROTARY INTERNATIONAL	N	1,489,938.	COST
(3) THE ROTARY FDN OF ROTARY INTERNATIONAL	0	35,352,370.	COST
(4) ROTARY INTERNATIONAL INFOTECH PVT., LTD.	P	3,352,035.	COST
(5) THE ROTARY FDN OF ROTARY INTERNATIONAL	P	7,556.	COST
(6) PPH NATIONAL INSURANCE CO	Q	84,970.	COST

Schedule R (Form 990) ROTARY INTERNATIONAL 36-1707667

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) THE ROTARY FDN OF ROTARY INTERNATIONAL	Q	17,601,472.	COST
(8) PPH NATIONAL INSURANCE CO	R	798,022.	COST
(9) PPH NATIONAL INSURANCE CO	0	208,219.	COST
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<u>(11)</u>		, 6	
(12)		2	
(13)		5	
	05		
(16)	5		
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	Share of	Share of	Dispropor- tionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or	Percentage
of entity		(state or foreign	excluded from tax under	orgs.?		end-of-year	allocations'	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2019 ROTARY INTERNATIONAL	36-1707667	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
· · · · · ·		
ROTARY INTERNATIONAL INFOTECH PVT., LTD.		
EIN: 98-1050532		
SUITE NO. 14, LEVEL 3, MUTTHA TOWERS, S. NO 103/123/1, DON BOSCO MARG, OFF		
PUNE, MAHARSHTRA, INDIA 411006		